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MOBILE STRETCHER***Technical Field of the Invention***

The present invention relates to the area of mobile stretchers and especially to intensive-care stretchers that are adapted for a fixed placing of medical instruments, such as suction units, patient monitor including defibrillator, ventilator/respirator units, oxygen unit as well as infusion pump in direct connection to the stretcher.

10 ***Background of the Invention***

A previously known mobile intensive-care stretcher is formed with an instrument placing under the stretcher with each instruments being manoeuvrable and readable from the side.

Another previously known mobile intensive-care stretcher is formed with an instrument placing at the head-end of the stretcher where also manoeuvring and monitoring takes place.

Such prior instrument placings do, on one hand, not act disturbing on medical actions since the instruments are located at a distance from the action area, but on the other hand, these placings represent difficulties upon certain actions by virtue of the distance from the action location. Thus, these instruments in these known stretchers may be difficult to quickly be able to monitor and manoeuvre during an action.

Object of the Invention

25 The present invention aims at providing a mobile intensive-care stretcher having an improved medical instrument placing, an improved instrumental manageability and clearness at the same time as the instrument placing does not constitute an obstacle for moving a lying patient to and from the stretcher and which furthermore neither constitutes an obstacle for different types of medical actions.

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Summary of the Invention

By the present invention, such as the same appears the independent claim, the above-mentioned object is fulfilled. Suitable embodiments of the invention are defined in the dependent claims.

The invention relates to a mobile stretcher comprising a rack in the foot-end thereof, which rack carries mounting devices for medical instruments in such a way that the instruments will be placed centred midwise above the foot-end of the stretcher as well as enable space for a patient to lie under said instruments with his/her legs. Furthermore, the rack is so formed that no part of the rack constitutes an obstacle for handling the legs and feet of the patient upon movement and medical actions.

Furthermore, the rack is formed so that a patient in a lying position may be lifted up on the stretcher generally laterally in a stretched-out position without neither rack nor instrumentation blocking the same.

The rack is formed with two rear support legs, which are fixedly connected to the frame of the stretcher and having such strength that all instruments may be carried by these as well as with two front support legs, which are individually foldable in the backward direction but also individually lockable to the frame of the stretcher in a lowered position.

The rack is further formed so that the height between the bed face of the frame and the bottom side of an instrument is in the interval of 30–50 cm and is provided with a shelf on which instruments may be placed.

The rack is furthermore provided with crash bows, protective hoods or the like in order to protect each instrument upon a possible tipping of the stretcher.

Furthermore, the rack co-operates with a directly adapted to transparency specially adapted spineboard that is adapted to the stretcher for x-ray, CT scan and computer tomography and that is manufactured from a composite material in such a way that said spineboard may transversally while having a patient on the top laterally be inserted under the rack and be locked to the bed face of the frame. Furthermore, said spineboard is provided with a mattress, which also is fastened at the stretcher by means of, e.g., Velcro®. Furthermore, there are bands or belts in order to strap a patient to the stretcher.

Furthermore, the mobile stretcher is manufactured in carbon fibre material and high-tensile aluminium, which implies that a complete stretcher having chassis, spineboard, mattress, medical instruments, gas and electrics/electronics will weigh only approx. 70 kg.

Brief Description of the Drawing

The invention will now be described closer by means of embodiment examples, reference being made to the accompanying drawings where,

5 Figure 1 shows a perspective view obliquely from above with the head-end closest, i.e. the front end, of an embodiment according to the present invention,

Figure 2 shows a planar view seen from the head-end of the embodiment according to fig. 1.

10 **Description of the Invention**

Figure 1 shows a mobile stretcher 1, which comprises a frame 3 having a bed face 5. The frame is provided with a head-end 7 defined as the upper half of the stretcher and a foot-end 9 defined as the lower half of the stretcher. The foot-end is provided with a fixedly arranged rack 11 in order to carry at least one medical instrument 13, e.g., a ventilator/respirator such as Dräger's Oxylog 3000®. The
15 rack is formed so that the medical instrument carried by the rack is located mid-wise above the foot-end, i.e. centred laterally above the foot-end, which is clearly seen in fig. 2. The rack 11 is provided with two rear support legs 15 fixedly arranged on each side of the frame and leaning at an angle to the bed face of the
20 frame for carrying the instrument 13. Each support leg 15 is provided with a support part 17 that is substantially parallel to the bed face 5 of the frame 3 and that extends forwards towards the head-end 7 of the stretcher. Furthermore, the front end of each support part is provided with a front support leg 19, which is arranged to supportingly abut at an angle to the bed face 5 of the frame 3. In one of the
25 ends thereof, the front support legs 19 are individually turnably mounted in the front end 21 of the support part 17 in order to enable at least a turning backwards in the direction of the arrows of each support leg 19 to a position parallel to the bed face 5. In the other end thereof, the front support legs are provided with a locking device 23, which enables fixation of the support leg 19 at an angle in rela-
30 tion to the bed face 5 of the frame 3. By the phrase "at an angle", it is intended that each support leg extends from the bed face 5 upwards and at an angle inwards to the instruments in order to provide the best stability. Even if the figure shows the mounting of the support legs in the upper end and the locking in the lower end, the invention comprises embodiments having the mounting in the lower end of the

support legs and the locking in the upper end. Also embodiments having the support legs insertable from the side for locking in both ends fall within the scope of the invention. The rack is further provided with a first transverse support member 25 in the form of a shelf against which the instrument is arranged to be supported
5 and also fixed.

As is also seen in the figure, the rack is provided with a front crash bow 27, which surrounds the sides and the top side of the medical instrument 13. Also a rear crash bow 29 is connected to the shelf in order to protect the instruments being carried by the shelf. From the middle of the rear crash bow 29, a longitudinal
10 protective bow 30 runs. As an alternative to the shown crash bows, the instruments may be protected by one or more metal envelopes.

The instruments that are intended to be placed on the rack 11 are two suction units 31 in order to drain liquids, e.g. Laerdal™ Suction Unit (LSU). Furthermore, a patient monitor, in combination with a defibrillator 33, e.g. Zoll M-series CCT®, is placed on the rack 11. The patient monitor is formed in a way that
15 enables a 30° deviating observation angle in relation to straight from the front. Also said ventilator/respirator is mounted on the rack. The suction units are easily detachable in order to be possible to be moved quickly, while the other instruments also are detachable but by means of tools. Furthermore, an infusion equipment, e.g. Alaris Medsystem III DLE®, is also included, which is fastened at the
20 rack (not shown).

The head-end 7 of the frame is provided with front telescopic carrying handles 35 and the foot-end 9 of the frame is correspondingly provided with rear telescopic carrying handles 37. The figure shows the carrying handles telescoped.

25 The figure also schematically shows a specially adapted spineboard 39, which is screenable and provided with locking devices for fixation of the same to the bed face of the frame. Said spineboard manufactured from composite is further formed with a back that can be raised in a 15° position and a 30° position. The foot-end thereof may furthermore be raised in parallel approx. 12 cm in order to
30 counteract a state of shock. On top of said spineboard, a mattress 41 lies, which also is fastened with said spineboard by means of Velcro®. Furthermore, the stretcher is provided with tightening belts in order to fix a patient (not shown).

Furthermore, the stretcher is provided with a locking shaft 43, which constitutes a part of a locking system for fixing the stretcher in an ambulance. At both

the foot-end 9 and the head-end 7, combination wheels 45 are arranged, which wheels can be pulled out from the frame and may assume four positions, a first position with the wheels entirely retracted as the figure shows, the wheels being entirely inactive. A second position where the wheels are lowered 2 cm in order to
5 be able to roll the stretcher on a substratum, a third position where the wheels are lowered 3–6 cm as well as a fourth position where the wheels are lowered 10–30 cm in order to roll the stretcher over thresholds etc.

Figure 2 shows the stretcher 1 straight from the front, the rack 11 being formed so that the bottom side of the medical instruments is located at a distance
10 h above the bed face 5, where $30\text{ cm} \leq h \leq 50\text{ cm}$. The figure also shows the front support legs 19 as well as the rear crash bow 29 and the front crash bow 27. Furthermore, it is seen in the figure that the instrument placing is situated midwise above the stretcher in a symmetrical way and that observation of the instrument 13, and other instruments, may be carried out without obstruction straight from the
15 front. Also the front telescopic carrying handles 35 are shown in the figure. Between the front ends 21 of the support parts 17, a second transverse support member 47 is mounted, which on one hand supports said ends 21 and on the other hand the instrument 13.

Within the scope of the subsequent claims, a number of embodiments are
20 feasible, which have not been shown here in detail but which easily may be realized with the aid of the description above.
